FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	ate level produced by rate revision
effective 12/01/2009	

(1)	(2) Annual Premium	(3) Percent
Coverage	 Volume (Illinois) * 	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial	4,071	+ 5.00%
Automobile Physical Damag		
Private Passenger		
Commercial	1,105	+ 5.00%
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril	***************************************	
Crop Hail	**************************************	
Other		
Life of Insurance		
Life of Misurance		
Does filing only apply to cert	ain territory (territories) o	r certain
Classes? If so,		
specify: No		
Brief description of filing. (If	filing follows rates of an a	advisory
Organization, specify		
organization):	Adjust company loss	cost deviations to reflect
program and market experience		
	•	

Agri General Insurance Company

Name of Company Steve C. Harms-President & Chairman of the Board

Official - Title

^{**}Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective _		2/1/10 NB, 3/1/10 R	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private Passenger Commercial	\$8,229	+7.1%	
2. Automobile Physical Damage		.0.40/	
Private Passenger Commercial _	\$3,138	+3.1%	
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril _			
14. Crop Hail			
Line of Insurance			
Does filing only apply to certain territory (to	erritories) or certain classes? If so, specif	y: <u>No. This filing is applicable to all</u>	
Commercial Auto business in the State of	Illinois.		
Brief description of filing. (If filing follows ra	atos of an advisony organization, specify	organization): We are adjusting base	
rates, Primary and Secondary, Increased	Limit and Age Factors. We are also revi	sing underlying loss cost for other	
miscellaneous coverages and are adjusting	a rates for zone-rated risks to be consiste	ent with the latest ISO changes	
miscellaneous coverages and are adjustin	g rates for zone-rated risks to be consiste	one with the latest loo onlyinges.	
*Adjusted to reflect all prior rate changes.			
**Change in Company's premium level wh	ich will result from application of new rate	1 8.	
	AMC	O Insurance Company	
	Aivic	Name of Company	
		y	
	Duane I	Hartley - Sr. Filing Analyst	
		Official – Title	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private	#5.005.040	± 7 10/
Passenger Commercial	\$5,665,846	+7.1%
2. Automobile Physical Damage	¢2 154 931	+3.1%
Private Passenger Commercial 3. Liability Other Than Auto		- 0,170
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory	territories) or certain classes? If so, specify	v. No. This filing is applicable to all
Commercial Auto business in the State o	f Illinois	<u> </u>
Commercial Nato Basiness in the State of	Time of the second seco	
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adjusting base		
rates. Primary and Secondary, Increased Limit, and Age Factors. We are also revising underlying loss cost for other		
miscellaneous coverages and are adjusting rates for zone-rated risks to be consistent with the latest ISO changes.		
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level w	hich will result from application of new rate	S.
	Alliad Proports	2 Cocualty Incurance Company

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le	vel produced by rate revision effective	03/01/2010
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private	004.000	0.00/
Passenger Commercial	221,399	8.8%
2. Automobile Physical Damage		4.50/
	120,417	4.5%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		· · ·
Does filing only apply to certain territory (territories) or certain classes? If so, specify	
ISO loss costs (LI-CA-2009-082, filing r	s rates of an advisory organization, specify number CA-2009-BRLA1), and adjusting c nce.	ur loss cost multipliers to reflect our
current expense level and recent expens	nce.	
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rates	s. k Fire Insurance Company
		Name of Company
	Margaret Sals	sbury, Sr. Regulatory Analyst Official – Title
		Official – Title

FORM (RF-3)

Change in Company's premium or ra	ate level produced by rate revision
effective 01-01-2010 N, 03-01-2010 R	

-	(1)	(2)	(3)
-	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
	Automobile Liability Private	volume (minois)	_ Change (101-)
•	Passenger		
	Commercial	1,398,044	-3.71%
	Automobile Physical Damag	1,000,044	5.1.70
	Private Passenger	467,608	-8.14%
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity	***************************************	
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other	**************************************	
•	Life of Insurance		
	Does filing only apply to certa Classes? If so,	in territory (territories) o	r certain
	specify: No.		
	Brief description of filing. (If fi Organization, specify organization): CA-2004-RLC1, CA-2004-RUMLC, CA-2	Adopting Loss Cost:	•
	*Adjusted to reflect all prior ra **Change in Company's premates.		ult from application of new
	. 2.20.	Church Mutual Ins	surance Company
			ame of Company
		Director Automo	• •
			Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate Revision effective $\underline{02/01/2010}$

	(1)	(2)	(3)
	_	Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial	\$186,723	3.4%
3.	Liability Other Than Auto	\$623,228	4.4%
4.	Burglary and Theft		
5.	Glass		
6.			
7.	•		
8.	Boiler and Machinery		
9.	•		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	•	
13.			
14.	•		
15.	Other Line of Insurance		
	Line of misurance		
Does	filing only apply to certain territory	(territories) or certain classes? If s	o. specify:
No.	iming only apply to outum territory	(101111011011) 01 001111111 011110000 1111	o, specif.
Brief	description of filing. (If filing follow	vs rates of an advisory Organization	on, specify organization):
Revi	sing the Commercial Auto Physics	ll Damage and General Liability	rates for our
	ntry Commodities Distributors Po		
* A	djusted to reflect all prior rate chang	es.	
	hange in Company's premium level		of new rates.
		•	
-		Continuental Waste	Income of Comme
			rn Insurance Company of Company
		Name	or Company
			Research Analyst

SUMMARY SHEET

	's premium or rate level produced by	rate
revision effectiv	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -)**
 Automobile Liability Private Passenger Commercial Automobile Physical Description Private Passenger 	Damage	
Commercial	6,125,042	1.7%
3. Liability Other Than	Auto	
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peri	i 1	
14. Crop Hail		
15. Other		
Line of Insu	range	
Does filing only apply to If so, specify: N/A	o certain territory (territories)or o	ertain classes?
Brief description of file organization, specify organization	ing. (If filing follows rates of an ganization): We are filing revisions Package Of Protection. Our File # CPOP BA ILO	s to the Credit Union
The rate information give	en on here is Exact.	
* Adjusted to reflect al ** Change in Company's pr result from application	remium level which will	
	CUMIS Insurance Societ	v, Inc.
-	Name of Company	
_	Feslie D Svobod	u_
- W0.001.0D	Official - Title	

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ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le	evel produced by rate revision effective	2/1/10 NB, 3/1/10 R
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage 	\$2,880	+7.1%
Private Passenger Commercial	\$1,098	+3.1%
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery9. Fire		
10. Extended Coverage		
11. Inland Marine		****
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
	(territories) or certain classes? If so, specify	r: No. This filing is applicable to all
Commercial Auto business in the State of	of Illinois.	
Brief description of filing. (If filing follows	rates of an advisory organization, specify of	organization): We are adjusting base
rates, Primary and Secondary, Increased	d Limit, and Age Factors. We are also revis	sing underlying loss cost for other
miscellaneous coverages and are adjust	ting rates for zone-rated risks to be consiste	ent with the latest ISO changes.
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	s. which will result from application of new rate	s.
	Danceit	tors Insurance Company
	Deposit	Name of Company
	Disame I	
	Duane F	Hartley - Sr. Filing Analyst Official - Title
		Omolai - Titie

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change	e in Company's premium or rate leve	el produced by rate revision effective	10/15/2009
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
2. Au	rtomobile Liability Private Passenger Commercial rtomobile Physical Damage Private Passenger Commercial	123,163	25%
4. Bu 5. Gl 6. Fie 7. Su 8. Bu 9. Fi 10. Ex 11. In 12. Hu	ability Other Than Auto urglary and Theft lass delity urety biler and Machinery re ktended Coverage land Marine bomeowners commercial Multi-Peril		
15. O		erritories) or certain classes? If so, specify	:
to the rul	es and rates found in the ISO Commercial Lines M	ates of an advisory organization, specify o fanual-Division I-Automobile including any ISO filed state on Commercial Automobile LIABILITY, to be effected thr	exception pages. Intent of
*Adjus	ted to reflect all prior rate changes.	ich will result from application of new rate	
		Boyd Adams, Assistant Deptators Vice Presidents	Anny Name of Company ned by boy Adem, Austren't Var are Resp.

Official - Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	ate level produced by rate revision
effective 12/01/2009	

	(1) Coverage		(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Διι	tomobile Liability Priv	/ate	voidific (illifiolo)	_ Grange (* or)
	ssenger	alc		
	mmercial		111,402	+ 5.00%
	tomobile Physical Da	maa	111,402	1 3.00 %
	vate Passenger	imay		•
	mmercial		41,383	+ 5.00%
	bility Other Than Aut		41,303	+ 3.0076
	rglary and Theft	.0		
Gla	•			
	lelity			
	rety			
	iler and Machinery			
Fire				
	tended Coverage			
	and Marine			
	meowners			
	mmercial Multi-Peril			
	op Hail		**************************************	
Oth				
	Life of Insurance	е		
	oes filing only apply to asses? If so,	o certa	in territory (territories) o	r certain
	•	No		
ъþ	ecity.	110		
Br	ief description of filin	g. (if f	iling follows rates of an a	advisory
Or	ganization, specify	•		•
org	ganization):		Adjust company loss	cost deviations to reflect progra
an	d market experience			
			·	
*A	djusted to reflect all	orior ra	ate changes.	
				ult from application of new
rat	tes.			
			Indemnity Insuran	ice Company of North America

Name of Company

Robert L. Haney - President of Rain and Hail, LLC

Official - Title

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OCT - 5 2009

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

(Change in Company's premium or rate	level produced by rate revision effective	December 1, 2009
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger		
	Commercial	\$130,327	-5.2%
2.	Automobile Physical Damage	Ψ1303321	3.270
2.	Private Passenger		
	Commercial	\$40,296	+26%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance	•	
	iling only apply to certain territory (tergapplies to all classes and territories.	ritories) or certain classes? If so, specify:	
	description of filing. (If filing follows to the ISO loss costs CA-2009-BRLA1	rates of an advisory organization, specify of	organization):
10 auc	prioc ross costs of 2007 DRUM		

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Indiana Lumbermens Mutual
Insurance Company
Name of Company

Pamela L. Holliday
Regulatory Compliance Analyst
Official - Title

FORM (RF-3)

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
•	Automobile Liability Private Passenger		
	Commercial	365,163	25%
	Automobile Physical Damag Private Passenger		
	Commercial	108,319	25%
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	•		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other		
	Life of Insurance		
	Does filing only apply to certain Classes? If so,		certain
	specify:	N/A	
	Brief description of filing. (If fi	ling follows rates of an a	dvisory
	Organization, specify		m 11 1
	organization):	Reduce Minimum	Policy Writing Premium
	from \$300 to \$200		
	*Adjusted to reflect all prior ra **Change in Company's premates.	te changes. ium level which will resu	ılt from application of nev
		Iowa Ame	rican Insurance
		N	ame of Company
	*	Beverly	Barber - Compliance
			Official - Title

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Section 754.EXHIBIT A Summary Sheet (Form RF-3)

OCT 1 4 2009

FORM (RF-3)

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

 	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
	Automobile Liability Private	- volume (minois)	Change (101-)
•	Passenger		
	Commercial	973,917	25%
	Automobile Physical Damag		
	Private Passenger		
	Commercial	351,982	25%
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity	W.J	
	Surety	The first service of the first	
	Boiler and Machinery		
	Fire	-	
).	Extended Coverage		
	Inland Marine		
· •	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other		
-	Life of Insurance		
	Does filing only apply to certa Classes? If so, specify:	ain territory (territories) or	certain
	Brief description of filing. (If	filing follows rates of an ac	dvisory
	Organization, specify	•	•
	organization): from \$300 to \$200	Reduce Minimum Police	cy Writing Premium
	*Adjusted to reflect all prior ra **Change in Company's pren	ate changes. nium level which will resul	t from application of new
	rates.	Iowa Mutua	al Insurance
		Na	me of Company
	•		• •
		RATION IT R	arber - Compliance

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	ite level produced by rate revision
effective 10/01/2009	

_	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial	2,338,270	-5.2
2	Automobile Physical Damag		
	Private Passenger		
	Commercial	382,128	2.6
3.	Liability Other Than Auto		
ŀ.	Burglary and Theft		
5.	Glass		
S .	Fidelity		
' .	Surety		
3 .	Boiler and Machinery	· · · · · · · · · · · · · · · · · · ·	
).	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail	****	
5.	Othe <u>r</u>		
	Life of Insurance		
•	Does filing only apply to certa	nin territory (territories) or	r certain
	Classes? If so,		
	specify: N/A		
	Brief description of filing. (If f	iling follows rates of an a	advisory
	Organization, specify		
	organization):		ss costs contained in ISO
	Reference Filing Number CA-2009	-BRLA1.	
	*A.1' - A.4 O A.4 - B '-	4 l	
	*Adjusted to reflect all prior ra **Change in Company's premates.	•	ılt from application of new
		National Americar	n Insurance Company
			me of Company
			e and Form Analyst

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate level produced by rate revision effective		03/01/2010	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private Passenger Commercial	36,044	11.2%	
Automobile Physical Damage	00,011		
	23,580	7.1%	
3. Liability Other Than Auto			
Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other			
Line of Insurance			
Does filing only apply to certain territory	(territories) or certain classes? If so, specif	y:	
Brief description of filing. (If filing follow ISO loss costs (LI-CA-2009-082, filing current expense level and recent expense	rs rates of an advisory organization, speci number CA-2009-BRLA1), and adjusting	fy organization): We are adopting new our loss cost multipliers to reflect our	
Current expense level and recent expense	siice.		
*Adjusted to reflect all prior rate changes **Change in Company's premium level v	which will result from application of new rate	es. <u>Irance Company, Ltd. (U.S. Branch)</u> Name of Company	
	Margaret Sa	alsbury, Sr. Regulatory Analyst Official – Title	

ILLINOIS DEPARTMENT OF INSURANCE

Ch	ange in Company's premium or rate le	evel produced by rate revision effective	03/01/2010
	(1) Coverage	(2) Annual Premium Volume (Illinois <u>)</u> *	(3) Percent Change (+ or -)**
	Coverage	Volume (miniois)	<u> </u>
1.	Automobile Liability Private Passenger Commercial	73,835	6.9%
2.	Automobile Physical Damage		
		46,025	4.1%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.			
6.	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other		
	Line of Insurance		
Do	es filing only apply to certain territory	(territories) or certain classes? If so, specify:	
<u>1SC</u>	O loss costs (LI-CA-2009-082, filing	s rates of an advisory organization, specify number CA-2009-BRLA1), and adjusting ou	organization): <u>We are adopting new</u> ir loss cost multipliers to reflect our
cur	rent expense level and recent experie	ence.	
_			
	djusted to reflect all prior rate changes Change in Company's premium level v	s. vhich will result from application of new rates.	
		Dhaaniy	Ingurance Company
			Insurance Company ame of Company
		IN	anie or Company
		Margaret Salst	oury, Sr. Regulatory Analyst Official - Title
			Onicial – Title

FORM (RF-3)

Change in Company's premium or ra	te level produced by rate revision
effective 10/01/2009	•

_	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	_ Change (+or-) **
1.	Automobile Liability Private	voidino (illinoio)	
	Passenger		
	Commercial	444,111	-5.2
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial	0	2.6
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	***************************************	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Life of Insurance		
•	Does filing only apply to certa	in territory (territories) or	certain
	Classes? If so,		
	specify: N/A		
	Brief description of filing. (If f Organization, specify organization):	Adoption of revised lo	ndvisory ss costs contained in ISO
	Reference Filing Number CA-2009	-BRLA1.	
	*Adjusted to reflect all prior ra **Change in Company's premates.		lt from application of new
		State National Ins	urance Company
			me of Company
			e and Form Analyst
			Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate level produced by rate revision effective		03/01/2010	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private Passenger Commercial	251,832	8.1%	
 Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto 	165,898	5.3%	
4. Burglary and Theft5. Glass			
6. Fidelity7. Surety8. Boiler and Machinery			
9. Fire10. Extended Coverage			
11. Inland Marine12. Homeowners13. Commercial Multi-Peril			
14. Crop Hail 15. OtherLine of Insurance			
	(territories) or certain classes? If so, specif	fy:	
ISO loss costs (LI-CA-2009-082, filing	ws rates of an advisory organization, spec number CA-2009-BRLA1), and adjusting	ify organization): We are adopting new our loss cost multipliers to reflect our	
current expense level and recent experi	ence.		
*Adjusted to reflect all prior rate change **Change in Company's premium level	s. which will result from application of new rat	es.	
	Travelers Ca	sualty Company of Connecticut Name of Company	
	Margaret Sa	alsbury, Sr. Regulatory Analyst Official – Title	

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate lev	el produced by rate revision effective	03/01/2010
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
4 4		
Automobile Liability Private	007.000	8.0%
Passenger Commercial	287,696	0.076
2. Automobile Physical Damage	407 500	4.5%
	187,580	4.5%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	
Brief description of filing. (If filing follows	rates of an advisory organization, specify	organization): We are adopting new
ISO loss costs (LI-CA-2009-082, filing nu		<u>ur loss cost multipliers to reflect our</u>
current expense level and recent experien	ce.	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	ich will result from application of new rates	
	T	Indonesite Commons
		rs Indemnity Company Name of Company
	1	Name of Company
	Margaret Sale	bury, Sr. Regulatory Analyst
	ivialyalet Sals	Official – Title
		omout 100

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	03/01/2010
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial	124,877	7.1%
Automobile Physical Damage	.2.,,,	
	85,497	4.3%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	<u> </u>	
15. Other		
Line of Insurance		
<u> </u>		
Does filing only apply to certain territory (t	erritories) or certain classes? If so, specify	
Brief description of filing. (If filing follows ISO loss costs (LI-CA-2009-082, filing n current expense level and recent experier	rates of an advisory organization, specify umber CA-2009-BRLA1), and adjusting conce.	y organization): We are adopting new our loss cost multipliers to reflect our
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	nich will result from application of new rates	s. ndemnity Company of America
		Name of Company
		sbury, Sr. Regulatory Analyst
		Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le	vel produced by rate revision effective	03/01/2010
(1) Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
		
Automobile Liability Private		0.40/
Passenger Commercial	432,480	8.1%
2. Automobile Physical Damage		4.00/
Private Passenger Commercial	256,090	4.8%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain classes? If so, specify:	
, , , , , , , , , , , , , , , , , , ,	,	
Brief description of filing. (If filing follows	rates of an advisory organization, specify	organization): We are adopting new
ISO loss costs (LI-CA-2009-082, filing r	number CA-2009-BRLA1), and adjusting o	ur loss cost multipliers to reflect our
	nce.	
*Adjusted to reflect all prior rate changes		
	hich will result from application of new rates	·
	• •	
	Travelers Propert	y Casualty Company of America
		Name of Company
	•	
	Margaret Sals	bury, Sr. Regulatory Analyst
		Official – Title

1. 2. 3. 4. 5.	(1) <u>Coverage</u> Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger	(2) Annual Premium Volume (Illinois)* \$1,736,768	(3) Percent Change (+ or -)**
2. 3. 4. 5.	Coverage Automobile Liability Private Passenger Commercial Automobile Physical Damage	Volume (Illinois)*	<u>Change (+ or -)**</u>
2. 3. 4. 5.	Private Passenger Commercial Automobile Physical Damage	\$1,736,768	
3. 4. 5.	Private Passenger Commercial Automobile Physical Damage	\$1,736,768	
3. 4. 5.	Automobile Physical Damage	\$1,736,768	
3. 4. 5.			-5.60
4. 5.	Private Passenger		
4. 5.			
4. 5.	Commercial	\$2,833,459	.10
5.	Liability Other Than Auto	***	
-	Burglary and Theft		**************************************
_	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Line of Insurance		
es fi	ling only apply to certain territory (to	erritories) or certain classes? If so, speci-	fy:
\dopt	escription of filing. (If filing follows: ISO's Loss Cost Filing - Ref CA- justed to reflect all prior rate change ange in Company's premium level wult from application of new rates.	S.	
		Vai	nliner Insurance Company
			Name of Company
		Ch	ris Carden, Product Manager